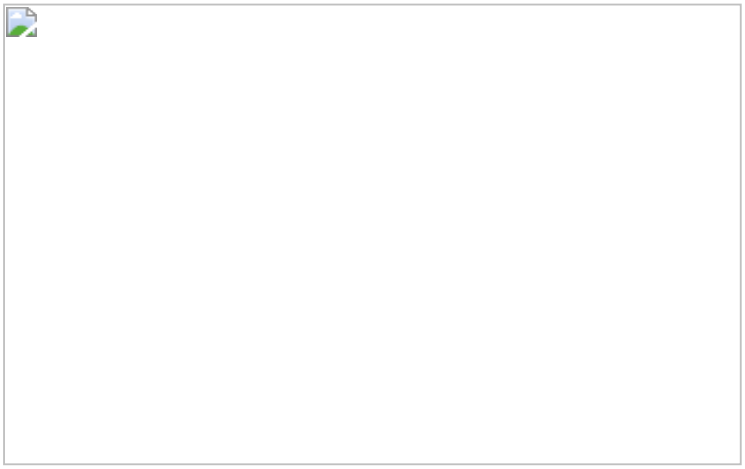
Patient details

Date	:	25-Sep-2024 / 1:30AM - 1:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44318 / Lenie Neglerio Climaco
Mobile #	:	0565373962
Gender / DOB/Age	:	Female / 06-Aug-1984
Nationality	:	Philippine
Insurance / Card#	:	AL MADALLAH RN4 / 784-1984-0426851-2
EMID #	:	784-1984-0426851-2



Medical Record details

Complaints

Complaints

PC: ASTHMATIC

PSORIASIS

FUNGAL INFECTION

LOW BACK PAIN

STOMACH PAIN

HERPES VIRAL 9INFECTION

Past / Family / Social History

Past History	:	High Blood Pressure
Other Past History	:	HTN
Family History	:	
Social History - Smoking	:	No
Social History - Alcohol	:	No
Surgical History	:	

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 37.2	**BPS**	: 110	**BPD**	:	**Pulse**	: 66	**Height**	: 156 cm	**Weight**	: 59 kg
BMI	: 24.24392 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
25-Sep-2024	AHSAN HUSSAIN	B00.9	Herpesviral infection, unspecified	
25-Sep-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
25-Sep-2024	AHSAN HUSSAIN	M54.5	Low back pain	
25-Sep-2024	AHSAN HUSSAIN	B35.3	Tinea pedis	
25-Sep-2024	AHSAN HUSSAIN	L40.9	Psoriasis, unspecified	
25-Sep-2024	AHSAN HUSSAIN	J45.20	Mild intermittent asthma, uncomplicated	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	86140	C-reactive protein;	NA	NA	
00:00:00	00:00:00	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	NA	NA	
00:00:00	00:00:00	9	Consultation GP	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
Zovirax / ACYCLOVIR 50mg/g / Cream / Cream	Take 1Cream 2 Time(s) per Day For 30 Day(s) others	30	2	
LOVIR 200MG / (ACYCLOVIR : 200 MG) TABLETS ORAL / TABLETS (50S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others	14	28	
DAIVOBET / (CALCIPOTRIOL : 50 MCG/G) (BETAMETHASONE (AS DIPROPIONATE) : 0.5 MG/G) GEL TOPICAL / GEL (30G, HDPE BOTTLE) / Gel	Take 1Gel 2 Time(s) per Day For 60 Day(s) others	60	2	
NEXIUM / (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	30	30	
ITAMI / (DICLOFENAC SODIUM : 140 MG) PLASTER TOPICAL / PLASTER (10 (14CM X 10CM), PACK) / Units	Take 1Units 2 Time(s) per Day For 30 Day(s) others	30	60	
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION ORAL / POWDER FOR SOLUTION (9S, SACHET) / Powder	Take 1Powder 3 Time(s) per Day For 30 Day(s) others	30	90	
FLUTIFORM / (FLUTICASONE PROPIONATE : 125 MCG/DOSE) (FORMOTEROL FUMARATE : 5MCG/DOSE) AEROSOL INHALER INHALATION / AEROSOL INHALER (120 DOSE, METERED DOSE INHALER) / Puff	Take 1Puff 2 Time(s) per Day For 60 Day(s) others	60	1	
PULMICORT / (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION ORAL INHALATION / SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT) / Solution	Take 1Solution 2 Time(s) per Day For 30 Day(s) others	30	60	

Doctor Signature & Stamp :